Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

P68742 US/

| CLAIMS AS FILED - PART I (Column 1)   |   |   |                 |                                | (Column 2)   |                  | SMALL ENTITY TYPE   |                        | OR  | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|---|---|-----------------|--------------------------------|--------------|------------------|---------------------|------------------------|-----|-------------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 10              |                                |              |                  | RATE                | FEE                    | [   | RATE                          | FEE                    |
| FOR   |   |   | NUMBER FILED    |                                | NUMBER EXTRA |                  | BASIC FEE           | 375.00                 | OR  | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |   |   | /0 minus 20=    |                                | * \$         |                  | X\$ 9=              |                        | OR  | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |   |   | minus 3 =       |                                | * •          |                  | X42=                | -                      | OR  | X84=                          |                        |
| MU  | LTIPLE DEPEN                            | DENT CLAIM PF                             | RESENT          |                                |              |                  | +140=               |                        | OR  | +280=                         |                        |
| * If  | the difference                          | in column 1 is                            | less than ze    | ro, enter                      | "0" in c     | olumn 2          | TOTAL               | 375                    | OR  | TOTAL                         |                        |
|   | C                                       | LAIMS AS A                                | MENDED          | ENDED - PART II                |              |                  |                     |                        |     | OTHER                         |                        |
|   |   | (Column 1)                                | (Colum<br>HiGHE |                                |              | ) (Column 3) SMA |                     |                        | OR  | SMALL                         |                        |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUME<br>PREVICE<br>PAID        | BER<br>OUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE | . 1 | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus           | **                             |              | =                | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|   | Independent                             | *<br>NTATION OF MU                        | Minus           | ***                            | CLAINA       | =                | X42=                |                        | OR  | X84=                          |                        |
| -   | FIRST PRESE                             | NTATION OF MI                             | JLIIPLE DEF     | ENDENT                         | CLAIM        |                  | +140=               |                        | OR  | +280=                         |                        |
|   |   |   |                 |                                |              |                  | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE           |                        |
|   |   | (Column 1)                                |                 | (Colur                         | mn 2)        | (Column 3)       | ADDITUTE            |                        |     |                               |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus           | **                             |              | =                | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|   | Independent                             | *<br>NTATION OF MU                        | Minus           | ***                            | CLAIN        | =                | X42=                |                        | OR  | X84=                          |                        |
|   | I IIIOI FRESE                           | INTATION OF MIC                           | JEHR LE DEF     | LIADEIAI                       | CLAIN        |                  | +140=               |                        | OR  | +280=                         |                        |
|   |   |   |                 |                                |              |                  | TOTAL<br>ADDIT. FEE |                        | OR  | TOTAL<br>ADDIT. FEE           |                        |
| _   |   | (Column 1)                                |                 | (Colur                         |              | (Column 3)       |                     |                        |     |                               |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |     | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                   | *   | Minus           | **                             |              | =                | X\$ 9=              |                        | OR  | X\$18=                        |                        |
|   | Independent                             | *   | Minus           | ***                            | CL AIA4      |                  | X42=                |                        | OR  | X84=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDEN |   |                 |                                | CLAIM        |                  | +140=               |                        | OR  | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |   |   |                 |                                |              |                  |                     |                        | ΛP  | TOTAL                         | <del> </del>           |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                 |                                |              |                  |                     |                        |     |                               |                        |